

Requester's Name:

**Email Address:** 

**Phone Number:** 

**Mailing Address:** 

## GLACIER VIEW FIRE PROTECTION DISTRICT

1414 Green Mountain Drive • Livermore • Colorado 80536

## Colorado Open Records Act (CORA) Request Form

Be aware personally identifiable information defined by C.R.S. 24-72-30 (2) and C.R.S. 24-72-204(VII) contained in Department records will be redacted from CORA requests. In addition basic identification information defined by C.R.S. 24-72-302(2)(2) as "the name, place and date of birth, last-known address,"

handwritten signature, sex, fingerprints, and an Electronic mail addresses provided by a person state for the purpose of future electronic comm subdivision "will not be included". Any record.	ny known aliases of c n to an agency, instit unications to person	any person. C.R.S tution, or politica from agency, ins	S. 24-72-204 I subdivision Stitution, or	4 (VII) n of the political
Please list specific information requested:				
Requester's Signature:		-		
Method of Delivery:				
☐In-Office Review	☐US Postal Mail			
□Printed copy to pick up	□Email			
# of Staff hours X \$/hr after 1 ho # of Copied Pages X 0.25/page =	our =			
Total Due: \$				